UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR

Attorney Docket No. 402963/AOYAMA

Client Reference I	No.	c
		5
First Inventor	Akira INOUF	c

SEMICONDUCTOR DEVICE Title

1.53(b)) Express Mail Label No. Mail Stop Patent Application Commissioner for Patents **APPLICATION ELEMENTS** ADDRESS TO: P.O. Box 1450 Alexandria, VA 22313-1450 ACCOMPANYING APPLICATION PARTS □ Utility Patent Application Transmittal Form 10. Applicant requests early publication. (include publication fee under 37 CFR Applicant claims small entity status. 1.18(d)) See 37 CFR 1.27. Specification (including claims and 11. Assignment Papers [Total Pages 25] abstract) (cover sheet and document(s)) 37 CFR 3.73(b) Statement (when there is Drawings [Total Sheets 8] 12. Combined Declaration and an Assignee) Power of Attorney 13. □ Power of Attorney [Total Pages 3] English Translation Document (if applicable) Newly executed 14. 🔲 15. Information Disclosure Statement (IDS) Copy from prior application [Note Box 6 below] Form PTO-1449 □ Copies of Listed Documents Deletion of Inventor(s) Signed statement attached deleting inventor(s) 16. **Preliminary Amendment** named in the prior application 17. 🔯 Return Receipt Postcard 6. Incorporation by Reference: The entire (Should be specifically itemized) disclosure of the prior application, from 18. Claim of Priority & Certified Copy of Priority which an oath or declaration is supplied Document(s) under Box 5b is considered as part of 19. Request & Certification Under 35 USC the disclosure of the accompanying 122(b)(2)(B)(i) (Form PTO/SB/35 or its application and is hereby incorporated equivalent attached) by reference. 20. Other: 7. Application Data Sheet. See 37 CFR 1.76 ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 9. Nucleotide and/or Amino Acid Sequence Submission a. Computer Readable Form (CRF) Specification Sequence Listing on: ☐ CD-ROM or CD-R (2 copies); or ii. ☐ Paper Copy Statement verifying identity of above copies 21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below: Continuation Divisional Continuation-in-part of prior application no. Prior application information: Examiner ; Group Art Unit:



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APPLICATION FEES					
BASIC FEE				\$770.00	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total Claims	12 -20=		x \$18.00	\$	
Independent Claim			x \$86.00	\$	
Multiple Dependent Claim if applicable +\$290.00			+\$290.00	\$	
Total of above calculations =				\$770.00	
Reduction by 50% for filing by small entity =				\$()	
Assignment fee if applicable			+ \$40.00	\$40.00	
Early publication fee if applicable			+ \$300.00		
			TOTAL =	\$810.00	
 Please charge my Deposit Account No. 12-1216 in the amount of \$810.00. A check in the amount of \$ is enclosed. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216: a.					
26. CORRESPONDENCE ADDRESS					
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Signature Alauel					
Date February 4, 2004					

Utility Transmittal (Revised 10/1/03)